PATENT APPLICATION FEE DETERMINATION RECO									0	pplication	OrD 17	ocket Num 283 24001	nber 148 103-08	
CLAIMS AS FILED - PA (Column 1)					· · · · ·			SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			71					RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.0		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		* /			X\$ 9=			OR	X\$18=	18	
INDEPENDENT CLAIMS			2_ minus 3 =		* -			X43=			OR	X86≃	10	
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=			OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	- "0" in c	"0" in column 2			TOTAL		OR	TOTAL	788	
	C	A ZA ZMIA I	MENDED - PART II					1017	-		JOH	OTHER		
		(Column 1)		(Colum		(Column 3)	n 3) SMALI			ENTITY	OR	SMALL		
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
MEN	Independent	*	Minus	***		=	·	X43=			OR	X86=		
٩	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	CLAIM			. 4 45	┪			+290=	*	
		•					Ĺ	+145=			OR	TOTAL		
		40.			•		F	ADDIT. FE			OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)	ŀ		_	ADDI-	1		ADDI-	
AMENDMENT B	•	REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL	
	Total	<b>t</b>	Minus ·	##	•	<b>c</b>		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		[-		X43=	1		OR	X86=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM	لللب	۱ <u>۱</u>	+145=	1			+290=		
					•		L	TOT/			OR	TOTAL	·	
							A	DDIT. FE			OR	ADDIT. FEE	·	
		(Column 1) CLAIMS		(Colum		(Column 3)			_					
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
§ [	Total	•	Minus	**		<b>=</b>		X\$ 9=			OR	X\$18=		
AR I	Independent	*	Minus	***		= '		X43=	1		OR	X86=		
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		1		$\dagger$					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ADDIT, FEE		
ī	he Highest Num	ber Previously Paid	For (Total or	Independe	nt) is the	highest number	r four	nd in the a	аррі	ropriate box	in cot	umn 1.		